

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q95761 Confirmation Number 2794
Application Number 10/586,336		Filing Date March 16, 2007
For	FLUID PRODUCT DISPENSING DEVICE	
Art Unit	3754	Examiner Name J. Casimer JACYNA
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		<u>Fee</u> <u>Small Entity Fee</u>
<input type="checkbox"/> Previous Payment Amount		Date Submitted _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,042</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34		
WASHINGTON OFFICE 23373 CUSTOMER NUMBER		
<hr style="border: 0.5px solid black; margin-bottom: 2px;"/> <u>/Ellen R. Smith/</u> Signature		<hr style="border: 0.5px solid black; margin-bottom: 2px;"/> <u>October 28, 2010</u> Date
<hr style="border: 0.5px solid black; margin-bottom: 2px;"/> <u>Ellen R. Smith</u> Typed or printed name		<hr style="border: 0.5px solid black; margin-bottom: 2px;"/> <u>(202) 293-7060</u> Telephone Number
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.	